THE CLINIC

FOR THE

TREATMENT

OF

Communicable Pulmonary Diseases

DEPARTMENT OF HEALTH

CITY OF NEW YORK

1906

Plate 1

EXTERIOR OF CLINIC
(Frontispiece)

FIRST REPORT

OF THE

CLINIC FOR THE TREATMENT

OF

Communicable Pulmonary Diseases

DEPARTMENT OF HEALTH

CITY OF NEW YORK

THOMAS DARLINGTON, M. D.
Commissioner of Health

EUGENE SCHEFFER
Secretary

HERMANN M. BIGGS, M. D.
General Medical Officer

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THE CLINIC

FOR THE

Communicable Pulmonary Diseases

BOROUGH OF MANHATTAN

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DIRECTOR

JOHN S. BILLINGS, JR., M. D.

ASSOCIATE DIRECTOR

S. A. KNOPF, M. D.

CHIEF OF CLINIC

B. H. WATERS, M. D.

The active campaign which the Department of Health of the City of New York is waging against tuberculosis, formally began in 1894, when the reporting of pulmonary tuberculosis by public institutions was first made compulsory. For seven years previously, however, the disease had been the subject of preliminary study and observation. The free examinations of specimens of sputum for physicians was begun in 1895, when 511 were examined. Ten years later, during 1905, 18,639 were examined. In 1897 the Sanitary Code was amended to include pulmonary tuberculosis among the infectious, communicable and reportable diseases. Cases of pulmonary tuberculosis under the care of private physicians were not to be interfered with in any way. But a special corps of medical inspectors was organized to visit all other cases at their homes, and to order the disinfection of premises vacated by consumptives. The scope of the work has steadily broadened; notable landmarks along the way have been the organization of a corps of nurses to visit all living cases requiring such supervision;

the opening of a municipal sanatorium on North Brother Island, where advanced cases could be removed and retained, by force if necessary; the unification of the work in all Boroughs of the City, etc. Some of the results of these efforts are shown in the following statistical table:

TABLE GIVING DEATH RATE, NUMBER OF DEATHS, AND OTHER DATA CONCERNING TUBERCULOSIS IN THE CITY OF NEW YORK FROM 1881 TO 1905.

I.—Manhattan and The Bronx.

Year	General Population	Total Deaths all Causes	General Death Rate	Total Tuberculosis Deaths	Death Rate All Tuberc.	Deaths Phthisis	Deaths Other Tuberculosis	Per Cent. of Tuberc. on Total Deaths	Death Rate Phthisis	Total No. Cases Tuberc. Reported inc. Duplicates	Duplicates	No. Spec. Sputum Exam.
1881	1,244,511	38,624	31.04	6,123	4.92	5,312	811	15 85	4.27			
1882	1,280 857	37,924	29.61	6,052	4.72	5,247	805	15.96	4.10			
1883	1,318,264	34,011	25.80	5,943	4.51	5,290	653	17 47	4.01			
1884	1,356,764	35,034	25.82	6,039	4.45	5,235	804	17.28	3.86			
1885	1,396,388	35,682	25.55	5 945	4.26	5,196	749	16.66	3.72			
1886	1,437,170	37,351	25.99	6,349	4.42	5,477	872	16.99	3.81			
1887	1,479,143	38,933	26.32	6,007	4.06	5,260	747	15.43	3.56			
1888	1,522,341	40,175	26.39	6,073	3.99	5,260	813	15.12	3.46			
1889	1,566,801	39,679	25.32	6,041	3.86	5,179	862	15.22	3.30			
1890	1,612,559	40,103	24.87	6,409	3.97	5,492	917	15.98	3.41			
1891	1,659,654	43,659	26.31	6,109	3.56	5,160	949	13.99	3 11			
1892	1,708,124	44,329	25.95	6,061	3.55	5,033	1,028	13.67	2.95			
1893	1,758,010	44,486	25.30	6,163	3.51	5,124	1,039	13.85	2.91			
1894	1,809,353	41,175	22.76	5,720	3.16	4,658	1,062	13.89	2.57	4,166		511
1895	1,873,201	44,420	23.18	6,283	3.35	5,205	1,078	14.47	2.78	5,824		1,147
1896	1,906,139	41,622	21.84	5,926	3.11	4,994	932	14.24	2.62	8,334		1,856
1897	1,940,553	38,877	20.03	5,791	2.98	4,843	948	14.89	2.50	9,735		2,703
1898	1,976,527	40,438	20.46	5,901	2.99	4,957	944	14.59	2 51	10,798	2,239	2,920
1899	2,014,330	39,911	19.81	6,209	3.08	5,238	971	15.56	2.60	10,484	2,472	3,115
1900	2,055,714	43,227	21.03	6,179	3.00	5,278	901	14.29	2.56	9,639	2,436	3,512
1901	2,118,209	43,307	20.44	6,049	2.85	5,233	816	13.97	2.47	12,135	3,005	4,397
1902	2,182,836	41,704	19.11	5,744	2.63	4,893	851	13.77	2.24	13,383	3,738	4,631
1903	2,241,680	41,749	18.56	6,086	2.70	5,250	836	14.60	2.33	15,787	4,698	7,764
1904	2,318,831	48,693	21.00	6,275	2.71	5,495	780	12.89	2.37	20,451	6,638	9,606
1905	2,390,382	45,199	18.91	6,348	2.66	5,678	670	14.04	2.38	24,142	9,106	11,431

II.—Greater New York.

1898	3,272,418	66,224	20.26	9 265	2.69	7,724	1,541	13.97	2.25			3,945
1899	3,356,722	65,344	19.47	9,575	2.70	8,016	1,559	14.65	2.26			4,500
1900	3,446,042	70,872	20.57	9,630	2.79	8,154	1,476	13.59	2.37	14,433	2,456	5,289
1901	3,554,079	70,717	19.91	9,389	2.64	8,135	1,254	13.28	2.29	17,588	4,191	6,744
1902	3,665,825	68,112	18.58	8,883	2.42	7,571	1,312	13.44	2.07	16,614	4,268	7,820
1903	3,781,423	67,923	17.96	9,287	2.46	8,001	1,286	13.70	2.12	20,266	5,052	11,859
1904	3,901,023	77,985	19.99	9,744	2.50	8,495	1,249	12.49	2.18	28,444	9,721	16,971
1905	4 024,780	73,714	18.31	9,658	2.40	8,535	1,123	13.10	2.12	31,953	11,132	18,639

It was early recognized that the establishment of a municipal clinic or dispensary would be of great assistance in the attainment of the following desired objects:

1. *The Early Recognition and Accurate Diagnosis of Pulmonary Tuberculosis.*—It is now generally admitted that tuberculosis is frequently a curable disease and that incipient tuberculosis, under favorable conditions, tends to recovery: but to insure such recovery, the diagnosis must be made at the earliest possible moment. Not only should careful physical examinations be made, together with repeated sputum examinations as required, in connection with the clinical history, but in addition when necessary, the tuberculin test, X-ray examinations and radiography should be employed to assist in arriving at an early and correct diagnosis.

2. *The Intelligent Supervision of Patients Under Treatment.*—This supervision should include not only hygienic and medical treatment, but also the furnishing of circulars of information in various languages (English, German, Yiddish, Italian, Chinese, Ruthenian, Polish, Hungarian and Russian), containing information as to the nature of the disease, and careful instructions as to the precautions necessary to be taken to prevent the infection of others. Paper sputum cups, paper handkerchiefs and proper food (milk and eggs), should be supplied to indigent and needy cases.

3. *The Continued Observation at their Homes of Indigent, Needy and Ambulatory Cases, including all those discharged from the Public Institutions of the City.*—A special staff of trained nurses should visit the patients at their homes to see that the instructions given are being observed, that the sanitary surroundings are satisfactory, and to afford such assistance as is required. Suitable cases should be referred to the various charitable organizations for food, fuel, ice, etc. Special attention should be paid to the children in the families of tuberculous persons, and every effort made to prevent their infection.

4. *The Removal of Cases Requiring Such Care to Hospitals or Sanatoria.*—These cases fall under four heads: (a) Advanced or bed-ridden consumptives, with profuse expectoration, who will not or cannot take the necessary precautions against spreading the dis-

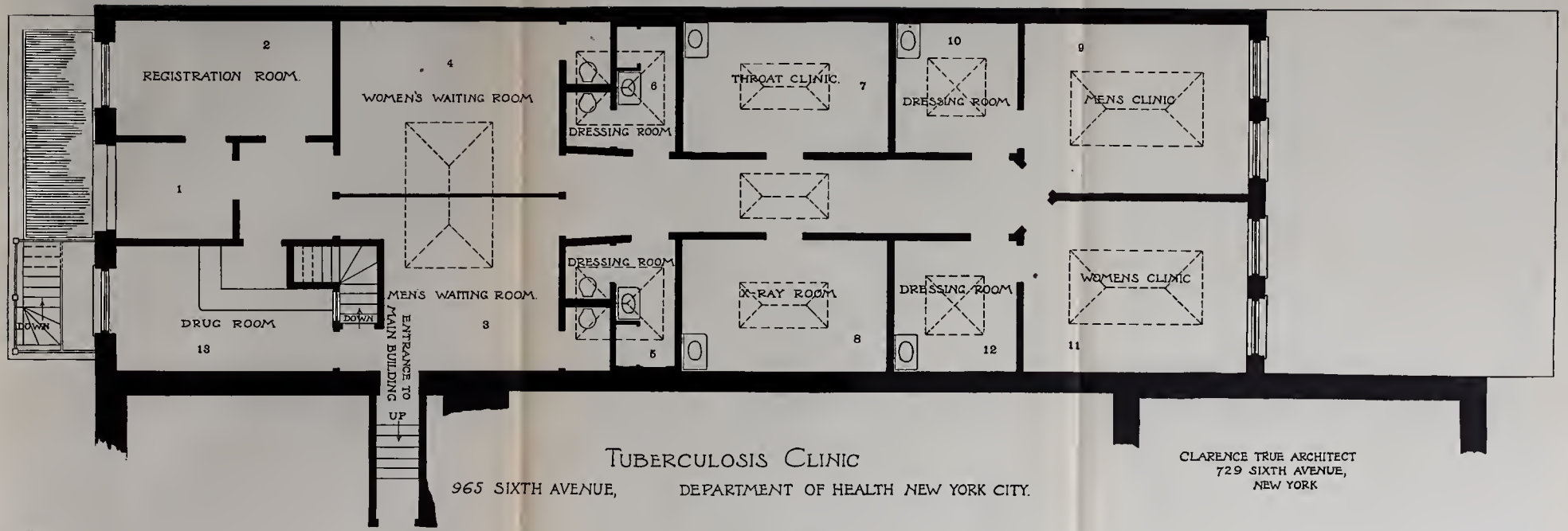
ease, and whose presence at home is a menace to others in the family; (b) consumptives who are able to get about, but are unable to work and are entirely dependent upon their earnings for their livelihood; (c) incipient cases, who stand a good chance of recovery if removed to sanatoria outside of the city; (d) consumptives living in lodging houses and those having no home.

5. *The Provision of a Municipal Institution Where Cases of Tuberculosis may be Referred.*—(a) By physicians (indigent patients, etc.); (b) by institutions (on the discharge of consumptive patients from hospitals or sanatoria); (c) by the various charitable organizations throughout the city which keep tuberculous cases under observation; (d) by other persons doing individual charitable work who may come in contact with such persons, and (e) by other city departments.

6. *The Extension and Strengthening of the Sanitary Control of Tuberculosis Among the Poor by the Department of Health.*

7. *The Care of Laryngeal Cases.*—The involvement of the larynx is one of the saddest complications of pulmonary tuberculosis, and the pain, distress and discomfort of the patients are great. While the prognosis in these cases is extremely grave, yet under proper treatment recovery takes place in some instances, and in most the distress of the patient can in some degree at least be relieved. Special attention should be paid to such cases in a fully equipped throat clinic.

A suitable site for such a clinic, adjoining the headquarters of the Department of Health at 969 Sixth Avenue, Manhattan, became available during 1903. Plans were drawn and a building erected. The lot being narrow, and between high structures, and all the available ground space being required, windows could only be had on the ends. The building was therefore limited in height to one story, with a cellar below, in order that each room could be lighted by a ventilating skylight. To ensure further ventilation square openings were cut high up in the walls of the various rooms, connecting them with each other and with the halls, and electric fans were installed in suitable places. As will be seen in the accompanying plan (plate 2), the building is sub-divided as follows: (1)



TUBERCULOSIS CLINIC

965 SIXTH AVENUE, DEPARTMENT OF HEALTH NEW YORK CITY.

CLARENCE TRUE ARCHITECT
729 SIXTH AVENUE,
NEW YORK

Plate 2

PLAN OF CLINIC

entry; (2) registration room in which all applicants are received, their history taken and all records filed; (3 and 4) waiting rooms for male and female patients, each with its water closet; (5 and 6) dressing rooms for physicians and nurses, each containing a closet for clothes, a wash stand and water closet; (7) throat clinic, with complete outfit, including compressed air spray apparatus, electric sterilizer for instruments, instrument cabinet and a full stock of all necessary instruments and apparatus; (8) X-ray room, the equipment of which consists of a twelve-inch coil with electrolytic breaks and micro-rheostatic control, Crookes tubes of several patterns and sizes, fluoroscopes, 15 x 18 inches, tube stands, examination table, supply and apparatus cabinet, etc.; (a dark room for the immediate development of radiographic plates is being constructed in the basement of the clinic, beneath the X-ray room); (9 and 10, 11 and 12) male and female examining and patients' dressing rooms, containing desks, stools, etc., also a pneumatic cabinet for compressed air treatment; and (13) drug room, containing in enamelled metal cabinets a full supply of all medicines furnished by the drug laboratory of the Department of Health. The floors are of cement, and all corners and angles are rounded to prevent accumulation of dust and dirt; all furniture is enamelled metal.

Basement.—Lockers are placed here for physicians' and attendants' gowns, individual stethoscopes, etc. The supplies (blanks, circulars, cards, etc.) of the clinic are also stored in the basement.

The Clinic is a part of the Division of Communicable Diseases, the Chief of Clinic reporting directly to the Chief of that Division.

Hours.—Classes are conducted from 10 A. M. to 12 M., 2 to 4 P. M., and 8 to 9 P. M. on Mondays, Wednesdays and Fridays; on Tuesdays, Thursdays and Saturdays from 10 A. M. to 12 M., and 2 to 4 P. M. Each class is further subdivided into a male and female class, thus making ten in all. There are three throat classes held on the mornings, afternoons and evenings of Mondays, Wednesdays and Fridays. The X-ray class is held on the afternoons of Mondays, Wednesdays and Fridays.

Attending Physicians.—Two attending physicians are on duty at each session, having charge of the male and female classes, re-

spectively. The assistant attending physicians assist on stated days, and are also on call in case of absence of attending physicians. Arrangements have been made to remunerate the physicians; the salaries will be $600 and $300 annually, according to length of service, experience, ability, etc., and limited to $300 annually during the first six months of service. Each physician is furnished with a stethoscope, which, together with his gown, is kept in his locker in the basement. The outer coats and hats of the physicians are kept in the same lockers during clinic hours.

Nurses.—Four nurses are on duty in the clinic, the supervising nurse having charge of the taking of histories and keeping of records, the others being assigned respectively to the male, female and throat clinics. Routine investigation of the home conditions of the patients is performed by two district tuberculosis nurses, who also visit special cases, do actual nursing, take morning or afternoon temperatures, observe the effects of tuberculin injections, etc.

Other Employees.—The drug room is in charge of a drug clerk, who dispenses all medicines and prepares supplies for the Clinic—gauze napkins, folding paper sputum cups, etc. A messenger directs patients to waiting rooms, summons them to registration and clinic rooms, and sees that each patient has (and uses) a sputum cup. A matron has charge of the daily cleaning of the Clinic, and is responsible for the putting of the rooms in order at the close of the classes.

Gowns.—Every physician, nurse and other employee is supplied weekly with a clean gown. These are fumigated each week with formaldehyde before being sent to the laundry.

Cleaning and Disinfection.—The floors, woodwork, walls and all furniture of the Clinic are washed daily with soap and water, three cleaners performing this duty from 6 to 9 A. M. Every Sunday morning, all doors and windows being sealed, the clinic is fumigated with formaldehyde. Walls and woodwork are repainted once a year. Daily during the noon hour the doors and windows are opened, and electric fans started, in this way filling the building with fresh air.

Results.—The following is a summary of the work done from March 1, 1904, to January 1, 1906:

	NEW CASES				OLD CASES				
1904.	Male.	Female.	Total.		Male.	Female.	Total.	Total.	
March	242	84	326		282	82	364	690	
April	230	101	331		448	165	613	944	
May	158	102	260		510	230	740	1000	
June	224	80	304		661	255	916	1220	
July	180	82	262		90	314	1004	1266	
August	145	86	231		642	253	895	1126	
Sept.	142	66	208		551	339	890	1098	
Oct.	135	109	244		642	294	936	1180	
Nov.	145	117	262		621	369	990	1252	
Dec.	141	70	211		729	332	1061	1272	
	1742	897	2639	3354	5776	2633	8409	11048	16653
1905.									
Jan.	160	80	240		906	295	1201	1441	
Feb.	151	70	221		760	320	1080	1301	
March	163	95	258		874	396	1270	1528	
April	282	136	418		874	448	1322	1740	
May	252	168	420		1121	535	1656	2076	
June	257	159	416		877	486	1363	1779	
July	238	125	363		789	420	1209	1572	
August	239	112	351		789	349	1138	1489	
Sept.	116	103	269		930	366	1296	1565	
Oct.	170	104	274		787	443	1230	1504	
Nov.	156	77	233		817	404	1221	1454	
Dec.	209	143	352		1084	510	1594	1946	
	2443	1372	3815		10608	4972	15580	19395	

Same period 1905.

Same period 1905.

Daily average 1904, 43

Daily average 1905, 64

Residents of Manhattan, 5491; Brooklyn, 588; Bronx, 277; Queens, 48; Richmond, 50.

NATIONALITY OF TUBERCULOSIS PATIENTS

United States, 1727; Russia, 970; Austria, 305; German, 204; Irish, 171; Colored, 57; Various, 381. Only 65 of 1064 foreign born patients contracted disease before their arrival in this country (1905).

TOTAL NEW PATIENTS.....6454
Diagnosis pulmonary tuberculosis.....2921
Sputum positive.....1541
" negative.....1380
Diagnosis doubtful..... 678
" not tuberculosis.....3533
Not found at address given..... 684

Deaths 230
Patients under treatment January 1, 1906 778
Of those, diagnosis pulmonary tuberculosis 327
Referred to hospitals 1,081
" " sanatoria 147

Sputum examined in 4309 cases.
positive in 1588 "
negative in 2721 "

Number of prescriptions filled for clinic patients by drug laboratory (1905) 30,834

Quarts of milk given (1905) 12,510
Number of eggs given (6 months 1905) 9,757

Examined for admission to Ray Brook (1905) 651
Of this number 107 were recommended as suitable.

REMARKS.

As shown by the above figures, almost 50% more patients were seen during corresponding periods in 1905 than during 1904. Two-thirds of the patients were men. The attendance was heaviest during the months of April, May and June, and lightest during the month of February. The largest number of visits paid during any one given month was in May, 1905, when 2,496 patients (this includes both new patients and revisits) were seen. The surprising fact that Russian Jews furnished the largest number of foreign born tuberculosis patients is probably to be explained by the fact that the tuberculosis propaganda has been very actively carried on among these people. The figures also show that in all but a very small percentage of cases the disease was contracted in this country and not imported. In almost half the cases a diagnosis of pulmonary tuberculosis was made in the absence of tubercle bacilli in the sputum. The mortality, based on the above figures, would be only about 7%. This, of course, is utterly unreliable, as hundreds of the cases probably die outside of New York City.

ROUTINE PROCEDURE.

APPLICANTS.

Patients applying for diagnosis and treatment fall into the following classes:

1. Those referred by (a) hospitals on their discharge from the

Plate 3

REGISTRATION ROOM

same; (b) by charitable organizations, Department of Charities, and laymen; (c) by inspectors and nurses of the Department of Health; (d) by physicians for diagnosis, or admission to sanatoria.

2. Those who have learned of the existence of the clinic through the daily press, or from their friends or other patients.

Each new patient applying for treatment, or diagnosis, goes to the registration room (plate 3) where the name, address, sex, nationality, employment, case number and clinic class to which the patient is assigned, are entered in a daily journal.

HISTORY.

A full history is then obtained from the patient, the card used being shown in plate 4. All information required on the front of the card is obtained in the registration room. The history is then forwarded to the nurse in charge of the examination room (male or female as the case may be).

An admission card bearing case number and information as to hours, etc., enclosed in a manila envelope for the sake of cleanliness, is furnished each patient, together with a glass sputum jar for the collection of a sample of sputum for examination, a gauze handkerchief to be held before the mouth when coughing, and a card, indicating the order in which he will be called for examination. (No distinction is made between new and old patients in this respect.) If an applicant for examination is apparently not tuberculous, a skeleton history is made out and forwarded to the attending physician, who decides as to the final disposition of the case. In old cases returning for treatment, the case number, sex and class are entered in the daily journal, the history is taken from the file and forwarded to examination room, and the patient is given a paper sputum cup, handkerchief and serial examination number, and awaits his turn in waiting room.

WAITING ROOM.

(Plate 5.)—On the wall of each waiting room is a large signboard (plate 6) giving the following instructions in English, German, Italian and Yiddish: "Do not spit on the floor or in anything except the brown paper envelope furnished for the purpose. When

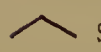
you cough, hold the piece of muslin given to you before your mouth. Use the muslin also for wiping the mouth or nose after spitting or sneezing. Men are forbidden to smoke or wear their hats while in the clinic."

A water cooler is placed in the waiting room, waxed paper drinking cups being supplied each patient on application. These are destroyed immediately after use.

EXAMINATION ROOMS.

(Plate 7.)—New patients are first weighed and body temperature, pulse and respiration taken by the nurse, the results being noted on the history card. A complete physical examination is then made by the physician, who dictates the results to the nurse, who enters them on the back of the history card (plate 8).

The following system of signs and abbreviations is used:


supraclavicular region depressed


infraclavicular region depressed


superior sternal depression


inferior sternal depression


protruding scapula


flat


half dull


slightly dull

tp. temperature

w.-n. well nourished

bd.-n. badly nourished

em. emaciated

an. anæmic

a.p.d. anteroposterior diameter

l.d. lateral diameter

sp. spirometer

exp. expansion

v.v. voice vibration

lft. left

rt. right

fr. fremitus


increased

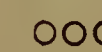

decreased

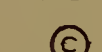

normal


small rales


medium-sized rales


large rales


cavity


friction sound

ck. creaking

cp. crepitant

cr. crackling

cs. coarse

cv. cavernous

No. DEPARTMENT OF HEALTH, NEW YORK, BOROUGH..... *Class*

Date CLINIC FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES *Dr.*

Name *Age* *M. F., Color* *M. S. W.* *Ref. by*

Address *Floor* *Care of*

Reason for coming to Clinic

Nationality *of parents* *How long in U. S.* *In N. Y. City*

Occupation *Formerly* *Stopped work*

Tentative Diagnosis *Final Diagnosis*

Family History. *F.* *M.* *B.* *S.* *H. W.*

S. D. *Gf.* *Gm.* *A.* *U.* *C.*

Contact. *Family* *Boarders* *Friends* *At work*

Past History. *Measles* *Pertussis* *Rheumatism* *Typhoid*

Pneumonia *Pleurisy* *Influenza* *Bronchitis* *Fistula*

Other Diseases, operations or injury to chest

Personal habits *Tobacco, none, mod., exc.* *Alcohol, none, mod., exc.*

Previous treatment

Present Illness. *Began (date)* *with* *Duration*

Supposed exciting cause

Now complains of

Weight, normal *Min.* *Present* *Height, Ft.* *In.* *Throat Symptoms*

Appetite *Indigestion* *Bowels* *Diarrhœa* *Sleep*

Fever *Chills* *Night-Sweats* *Weakness*

Cough *Expectoration, Amt., etc.* *Dyspnœa*

Hæmoptysis, Date and Amt. *Pain* *Constant*

Plate 4 HISTORY CARD

Plate 5

WAITING ROOM
(Women's)

ant.	anteriorly	dr.	dry
post.	posteriorly	dt.	distant
lat.	laterally	f.	friction
inf.	infra	g.	gurgling
sup.	supra	h.	harsh
pl.-ret.	pleural retraction	it.	interrupted
st.	sternum	l.	loud
scp.	scapular	mk.	marked
brg.	breathing	mst.	moist
i.	inspiration	p.	puerile
e.	expectoration	pr.	prolonged
r.	respiration	prt.	protruding
a.	amphoric	retr.	retracted
ab.	absent	ri.	rhonchial
bl.	blowing	sb.	sibilant
br.	bronchial	sl.	slight
br.-ph.	bronchophonic	stg.	strong
br.-v.	bronchovesicular	tp.	tympanitic
c.	clear	tb.	tubular
cg.	cogwheel	w.	whistling

Only the extent of the lesion is shown on the diagram of the chest. The chest capacity is measured by means of a spirometer and the outline, etc., by means of cyrtometers, calipers, tape measures, etc.

Each new patient is carefully studied, and at the first and subsequent visits an earnest effort is made by the physician to gain that confidence, and to exercise that moral control over his patient, which is so necessary to good results. To this end, if it seems advisable, the patient is frankly told the nature of the disease, the result of the sputum examination, the weight, and the general prognosis. This information is, however, given *only* to patients, or to those accompanying them. The great importance of proper and sufficient food, fresh air and hygienic living is emphasized. A temporary tentative diagnosis is made for each patient and written in the proper space on the history card. A final diagnosis is added as soon as possible thereafter; this is also entered in the journal.

The patient receives thorough instruction from the attending physician as to diet, mode of living and exercise; special effort being made, where hospital care is indicated, to induce the patient to enter an institution; in addition, a circular of instruction (plate 9) printed on one side in English and on the other in the language that the patient speaks is supplied. These circulars are printed in German, Yiddish, Italian and Russian, and read as follows:

CLINIC FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES
THE DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Sixth Ave. and 55th St., Manhattan. Tel. 4911 Columbus.

Advice for Patients.

Be hopeful and cheerful, for your disease can be cured, although it will take some time.

Carefully obey your physician's instructions.

You may improve steadily for months, and lose it all by carelessness.

Improvement does not mean cure; therefore continue to come to the clinic as long as you are directed to do so.

Do not talk to anyone about your disease, except your physician or nurse.

Do not listen to tales of other patients, or follow their suggestions or those of others concerning the treatment of your disease.

Your spittle contains germs and is dangerous to yourself, your family and your neighbors when not properly taken care of.

When in the house always spit into a spittoon half full of water; empty the vessel into the closet at least once a day and rinse it with hot water.

When outdoors, spit in a pocket flask of glass or metal, which you clean in the same way. If you use a paper pouch burn it after use. If you do not wish to use a pocket flask or paper pouch, use pieces of muslin to spit in, and burn them on your return home.

Do not spit on the floor or in anything except the brown paper envelope furnished for the purpose. When you cough hold the piece of muslin given to you before your mouth. Use the muslin also for wiping the mouth or nose after spitting or sneezing. Men are forbidden to smoke or wear their hats while in the Clinic.

Es ist verboten auf den Boden zu spucken. Spucken Sie in das braune Papier Couvert welches Sie beim Eintritt erhalten. Wenn Sie husten oder niesen halten Sie das weisse Muslintuch vor den Mund dann wischen Sie Mund und Nase mit demselben Tuch ab. Das Rauchen ist hier verboten. Die Männer müssen ihre Hüte abnehmen.

Non sputate per terra ne altrove ma soltanto nella busta color marrone che vi viene fornita a questo scopo. Quando tossite tenetevi davanti alla bocca il pezzo di mussolina che vi viene dato espressamente. Usate la stessa mussolina per asciugarvi la bocca o il naso dopo aver sputato o starnutato. E proibito agli uomini di tenere il cappello in capo e di fumare quando vengono alla clinica.

שפּוצן נישט אפּין פלאהר אונד נירגענד אנדערש ווי אבער נור אין בריוינעם פאפּיר בי"ם ווּאס מען ניבט אין דאצו וון אירר הוסט זאלט זיך פּאר דאם שט"ק מאזלען פּאר דעם מויהל אונד וישט זיך דאמיט ארום נאך דעם אויס שפּי"ען אדער נאך דעם ניסען עם איסט פּארבאטען צו רויכען אין קליניק מענער זאלן אונטער נעהמען דיא היטלען.

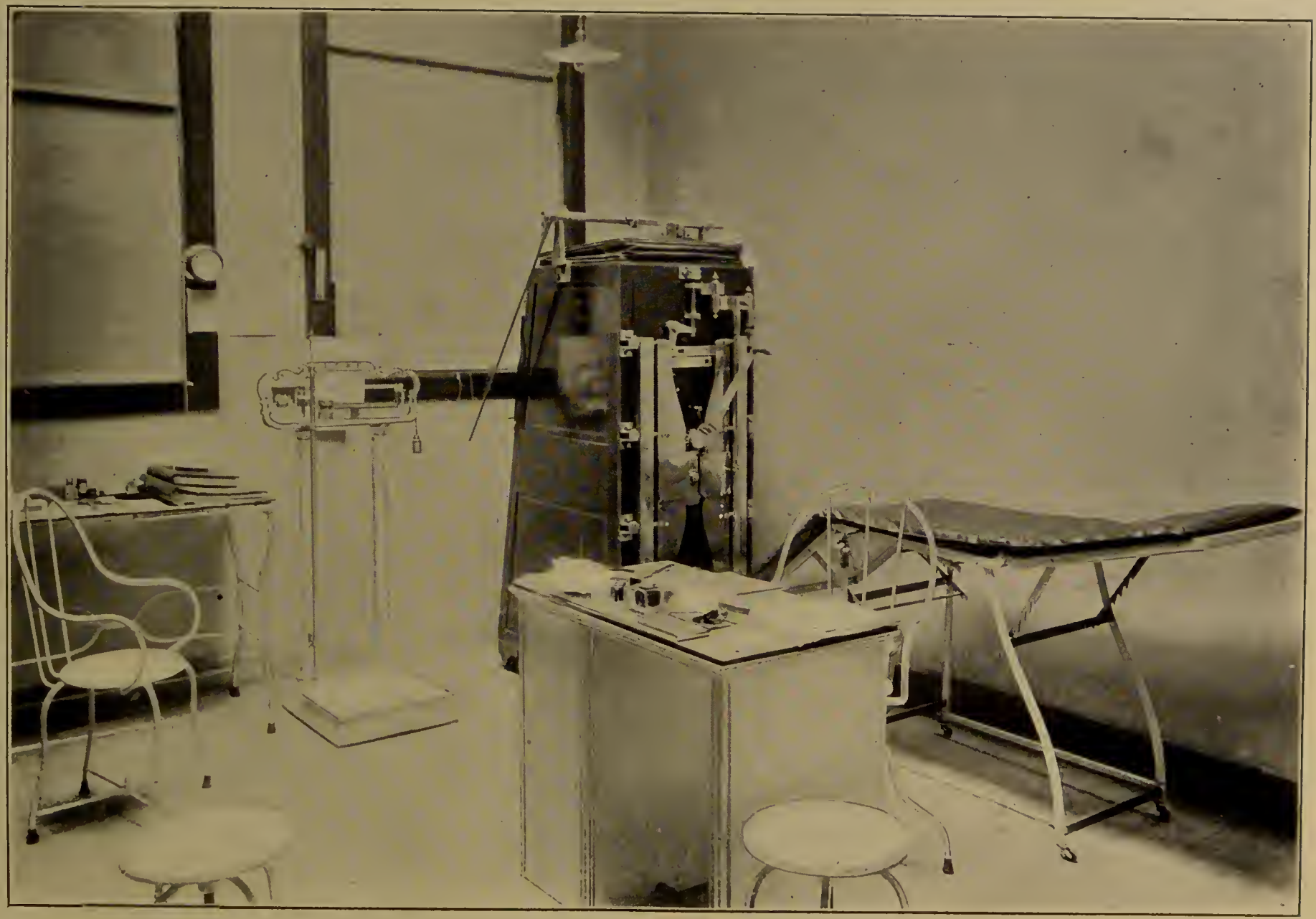


Plate 7

EXAMINATION ROOM
(Men's)

If you should be outdoors and not have a pocket flask, paper pouch or piece of muslin with you to receive your spittle, spit into the gutter. *Never spit on the sidewalk.*

Never swallow your spittle.

Handle the soiled personal and bed linen, especially handkerchiefs, as little as possible in the dry state. When soiled, place these articles in water until ready to be washed.

Do not kiss anyone upon the mouth.

Always wash your hands thoroughly before eating, and clean your finger nails.

Shave your beard, or wear it closely clipped.

In the treatment of your disease, fresh air, good food, and a proper mode of life are more important than medicines.

Take no medicine that is not ordered by your physician.

Stay in the open air as much as you can; if possible in the parks, woods or fields.

Do not be afraid of cold weather.

Avoid draughts, dampness, dust and smoke. Dust and smoke are worse for you than rain and snow.

Never sleep or stay in a hot or close room.

Keep at least one window open in your bedroom.

Have a room to yourself, if possible; if not, be sure to have your own bed.

When indoors, remain in the sunniest and best ventilated room. The room should preferably be without carpets; small rugs may be allowed.

Do not remain in the room while dusting or cleaning is being done.

Dry dusting or sweeping should never be done in the room or house, and all cleaning should be done only with a moist rag.

Do not have draperies, velvet furniture or dust-catching materials and furniture in your room.

Wear underwear according to the season. Don't wear chest protectors.

Dress comfortably and sensibly, and avoid garments constricting neck and chest.

Keep your feet dry and warm.

Avoid all unnecessary exertion. Never run; never lift heavy weights. Never take any kind of walking, breathing or other exercises when you are tired, nor take them to the extent of getting tired. The kind and amount of exercise which you should take will be prescribed for you by your physician.

Go to bed early and sleep at least eight hours.

If you have to work take every chance to rest that you can get.

Keep your body clean and take a warm bath once a week; take cold douches or cold baths according to the directions of your physician.

Take a half hour's rest on the bed or a reclining chair before and after the principal meals.

Avoid eating when bodily or mentally tired, or when in a state of nervous excitement.

Eat plenty of good and wholesome food. Besides your regular meals take a quart of milk daily, from three to six fresh eggs, and plenty of butter and sugar, provided this does not disagree with you.

Eat slowly; chew your food well; avoid anything which causes indigestion.

Keep your teeth in good condition. Use a tooth brush after each meal.

See that your eating utensils are thoroughly washed after use.

Do not smoke or do not drink liquor, wine or beer, except by special permission; but drink plenty of good, pure water between meal times.

See that your bowels move regularly every day.

Report to the clinic when directed. Report immediately if you have fever, indigestion, diarrhœa, constipation, pain, increased cough or reddish expectoration. If you are too ill to come to the clinic, send word.

If you should have a hemorrhage do not become alarmed; keep quiet and send for the nearest doctor; if not severe notify the clinic.

Try to control your cough as much as possible. You should only cough when you have to expectorate.

Cover your mouth with a handkerchief when you have to cough.

Avoid all bad habits.

General Condition. *Subjective*..... *Objective. Stout, Well-nourished, Spare, Emaciated.*

Anaemic..... *Tongue*..... *Gums*..... *Teeth*..... *Fingers*..... *Hair, L., Bl, R. Skin*..... *Bl., Br.*

Temp., A. M...... *P. M.*..... *Pulse*..... *Volume*..... *Vessels*..... *Resp.*..... *Glands*.....

Thorax. *Normal, Round, Flat, Long, Narrow, Shallow, Deep, Large, Small,*.....

Circumf...... *Cm Diam. A. P.*..... *Cm. Lat.*..... *Cm. Expans. Band*..... *Cm. Spirom*..... *Cyrtom No*.....

Lungs:

	RIGHT. Expans.	Frem.	Percuss.	Breath	Râles	Cav.	Voice	LEFT. Expans.	Frem.	Percuss.	Breath	Râles	Cav.	Voice	
ANT.															*Apex.*
															Upper L.
															Middle L.
															Lower
POST.															*Apex.*
															Upper L.
															Middle L.
															Lower
															Depressions, Scap.

Description of lesion.....

..... *Stadium*..... *Prognosis*.....

Heart. *Apex*..... *Sounds*.....

.....

Abdomen.....

Bones..... *Testicles*.....

Sputum.....

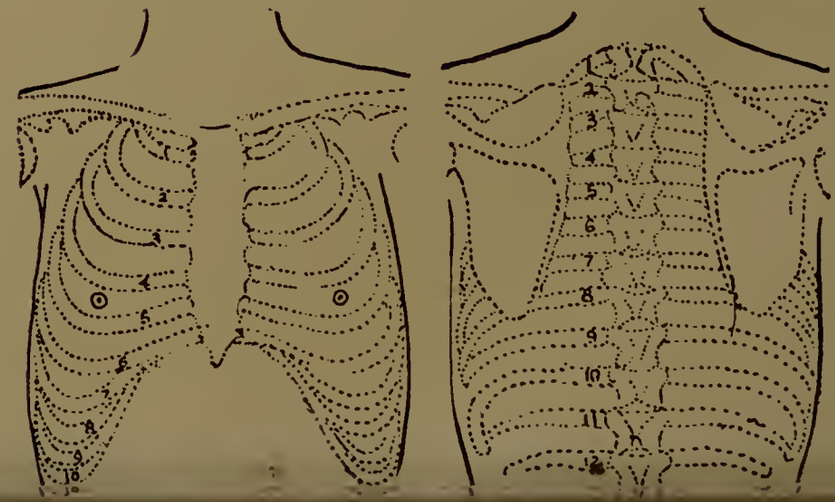
Menstruation..... *Urine*.....

Treatment.....

Disposition.....

.....

.....



(Back)

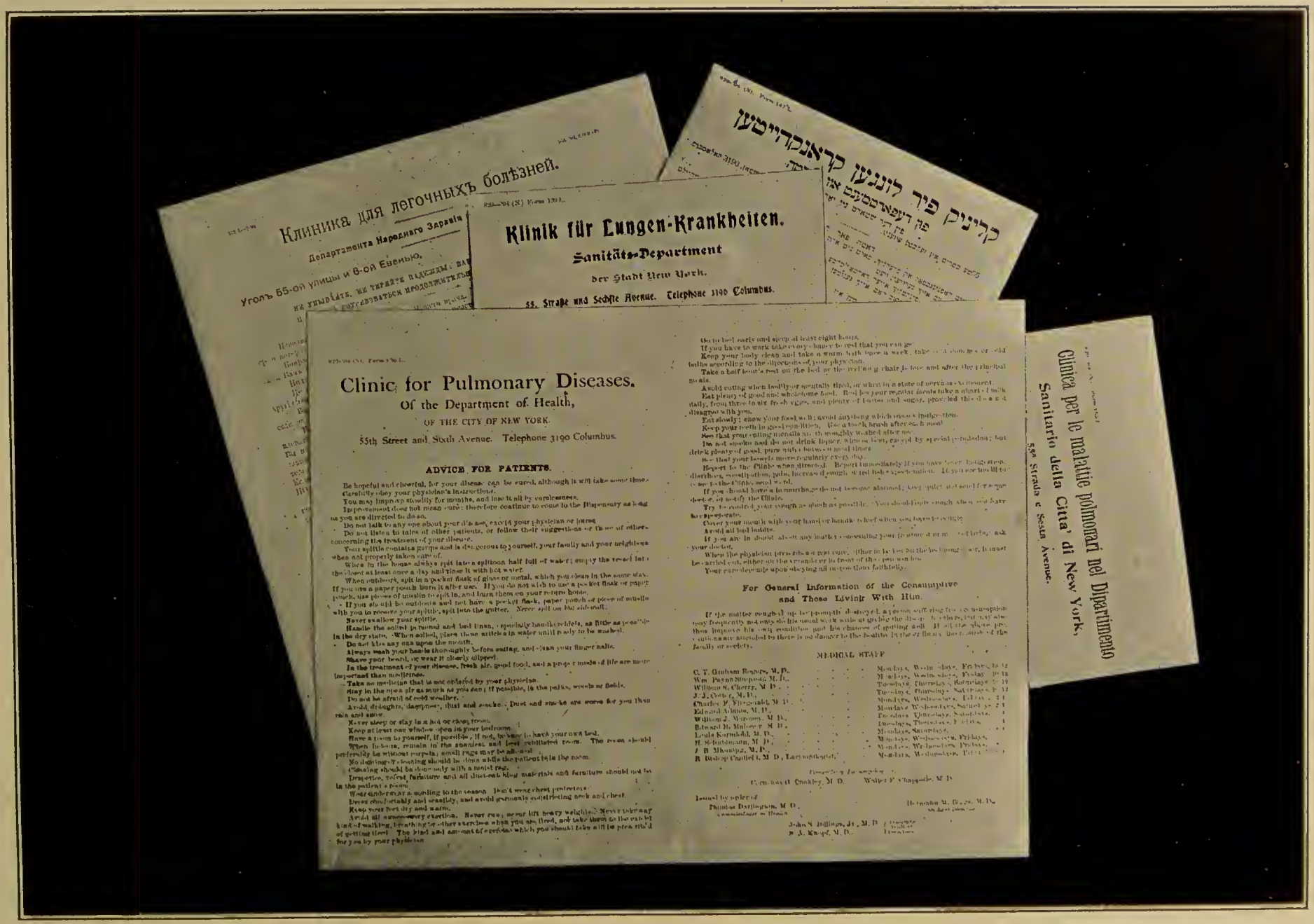


Plate 9

CIRCULAR OF INSTRUCTION

If you are in doubt about any matter concerning your treatment or mode of living, ask your doctor.

When the physician prescribes a rest cure, either in bed or in the reclining chair, it must be carried out, either on the veranda or in front of an open window.

Your cure depends upon obeying all instructions faithfully.

FOR GENERAL INFORMATION OF THE CONSUMPTIVE AND THOSE LIVING WITH HIM.

If the matter coughed up be promptly destroyed, a person suffering from consumption may frequently not only do his usual work without giving the disease to others, but may also thus improve his own condition and his chances of getting well. If all the above precautions are attended to there is no danger to the healthy in the ordinary family or society intercourse.

Issued by order of

THOMAS DARLINGTON, M.D.,
Commissioner of Health.

JOHN S. BILLINGS, JR., M.D., Director.
S. A. KNOPF, M.D., Associate Director.
B. H. WATERS, M.D., Chief of Clinic.

Any recommendations the physician may make (e. g., for X-ray examination, charitable assistance, extra diet (milk and eggs), admission to a hospital or sanatorium, etc.), are noted on the history card together with a record of the treatment ordered. After receiving prescriptions for any medicines required, every new tuberculous patient is sent to the throat clinic for examination.

OLD CASES.

At each subsequent visit the body temperature, weight, pulse, medication and general condition of the patient are noted on a later history card. A complete re-examination of the chest with a diagram is made at least once in every two months. Patients are advised to return as frequently as the physician considers necessary, the interval between visits being not longer than one week. No patient is refused examination and such medication as is necessary;

those having no tuberculous lesion are referred to general hospitals and dispensaries. If for any reason the physician considers that a tuberculous patient should not receive further treatment, the matter is referred to the Chief of Clinic, with a brief statement of the facts in the case. No patient with cough and expectoration is discharged as free from tuberculosis unless three negative sputum examinations have been made, and the physical signs and general history fully warrant such action.

THROAT CLINIC (PLATE 10).

An examination is made of the throat of every new patient and the results recorded on a throat history (plate 11). Should the examination reveal any tuberculous or pre-tuberculous lesion, the patient is kept under treatment. It is planned to eventually hold throat clinics on the mornings and afternoons of Tuesdays, Thursdays and Saturdays.

The throat clinic was opened April 1, 1904, and the statistical report of the work performed, number of cases seen, etc., is given later in the statistical report of the work of the first year. The following points of interest may be noted here: (1) The comparative rarity of tuberculous lesions of the upper air passages (nose and pharynx); (2) the relative frequency with which well marked tubercular infiltration and ulceration of the larynx was unaccompanied by any other signs or symptoms of laryngeal tuberculosis (hoarseness, dysphagia, etc.). This emphasizes the importance of examining the throat of every patient with pulmonary tuberculosis; (3) many of the cases referred to the throat clinic whose symptoms (hoarseness, etc.) suggested advanced laryngeal tuberculosis, showed no lesions whatever beyond lack of approximation of the vocal cords, anæmia, etc.

X-RAY EXAMINATIONS AND RADIOGRAPHY.

In all obscure and doubtful cases in which X-ray examinations or radiographs may be of assistance in diagnosis, the patient is referred to the X-ray clinic (plate 12).

The diagnoses of the examining physician have generally been verified by fluoroscopic or radiographic procedures. It has been

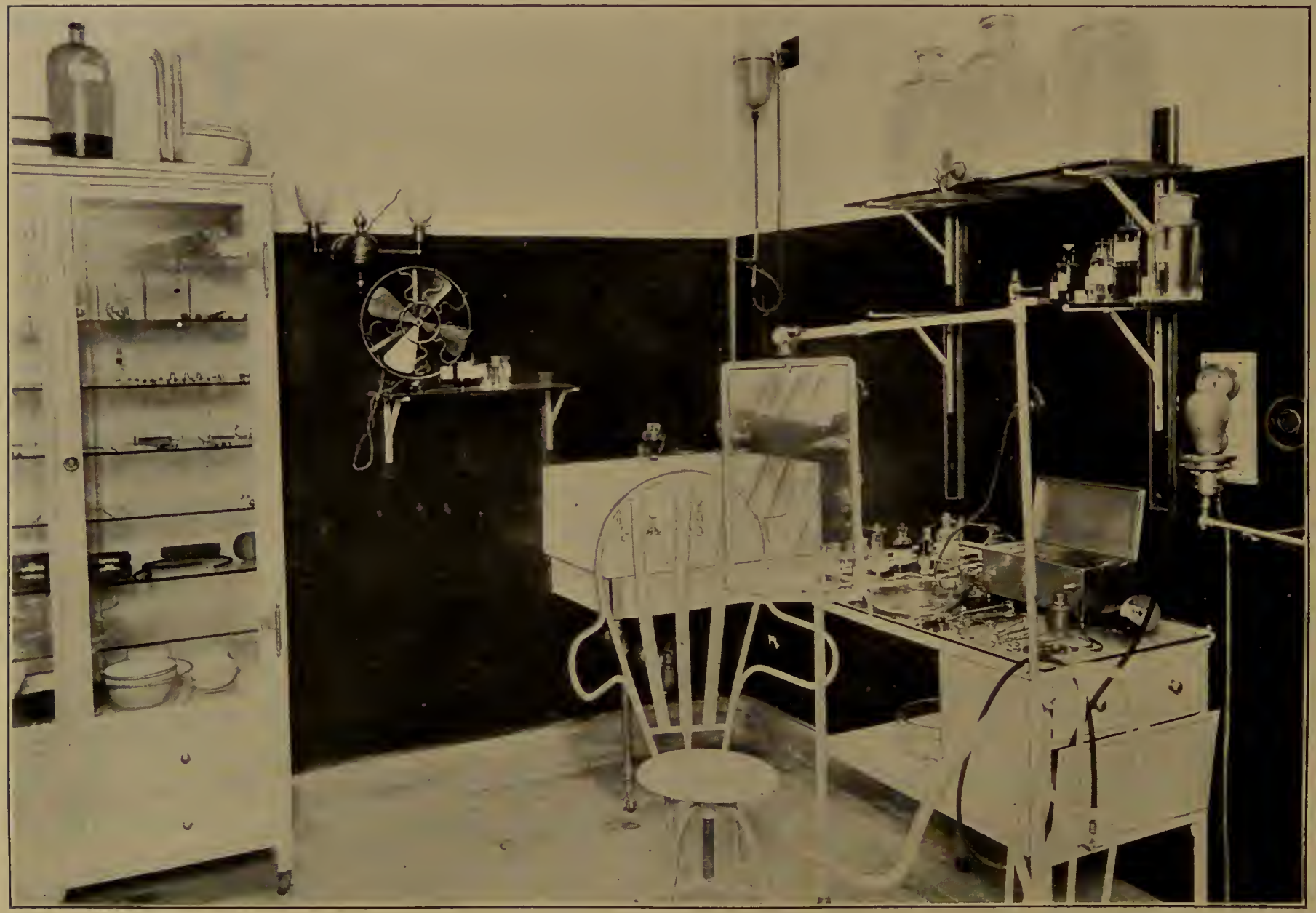


Plate 10

THROAT CLINIC

99 L—1906

THROAT, NOSE AND EAR

No. Date Class A. M., P. M., Night. Dr.

Name Address

Diagnosis: Tentative Final

HISTORY

SUBJECTIVE SYMPTOMS: Onset Duration

Pain: Odynphagia Odynphonia Sensitive to Touch

Voice: Euphonia Dysphonia Aphonia Weak Hoarse

Deglutition: Dysphagia Dryness Dripping

Respiration: Dyspnoea Nasal

EXAMINATION: Nasal Chambers Right

Left Nasal Septum

Choanae Nasopharynx

Mouth Teeth Tongue

Oropharynx Faucial Tonsil Lingual Tonsil

Pharyngeal Tonsil Mucous Membrane

Larynx

Ears

TREATMENT Prognosis

Remarks

deemed inadvisable to have the general attending physicians personally make the X-ray examinations, and this special work is relegated to the more experienced physician-in-charge of the X-ray clinic. All examinations are, however, made in the presence and with the collaboration of the physician referring the case. In this way the best possible results are insured. A record is kept of all cases, with diagrams and data setting forth the precise conditions found.

At the present time a complete and minute system of records is being introduced with a view to building up a statistical record of the progress of cases that have been for some time under treatment. By means of a series of such records supplemented with periodical radiographs, the general history of any case under consideration can be very accurately recorded.

The work of the clinic has been handicapped by the lack of a suitable photographic dark room, but this deficiency is at present being remedied, and when the dark room under construction is completed, the work in general will consist of more radiographs and fewer fluoroscopic examinations.

The X-ray clinic was opened in October, 1904.

MEDICINES.

On presentation at the drug room (plate 13) of the prescriptions furnished by the physician, the patient is supplied with the medicines ordered. In the drug laboratory of the Department are prepared the various medicines used in the hospitals and clinics of the department. Physicians are not, however, limited to the formulary, any prescription not contained therein being prepared in the drug laboratory. From March 1, 1904, to July 1, 1904, prescriptions were filled through outside pharmacies. The medicines used consist chiefly of cod-liver oil, simple cough mixtures, tonics, laxatives, etc. The greatest emphasis is placed upon the influence of fresh air, sunlight and sufficient nourishing food, yet patients of the type seen at the clinic require a certain amount of medicine to ensure their attendance.

INCIPIENT CASES.

All incipient cases are urged to enter sanatoria. Close relations exist between the clinic and the New York State Hospital for the Treatment of Incipient Tuberculosis at Ray Brook, Essex County, N. Y., the Director of the clinic being also an examiner for that institution. Suitable cases for this institution are referred to the Department of Charities for investigation as to financial means, residence in New York City, etc. If approved by that Department, the special history required is forwarded to the sanatorium for approval by the superintendent. Only the most incipient cases, according to the following definition adopted at the meeting of the National Association for the Study and Prevention of Tuberculosis in 1905, are accepted: "Slight, initial lesion in the form of infiltration limited to the apex or small part of one lobe. No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances or rapid loss of weight). Slight or no elevation of temperature, or acceleration of pulse at any time during the twenty-four hours, especially after rest. Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent."

Suitable cases are also referred to the Stony Wold, Adirondack and Loomis sanatoria. During 1906 a sanatorium will be opened by the Department of Health at Otisville, N. Y., intended, eventually, to accommodate 500 cases. The Department of Charities proposes to erect a sanatorium of 100 beds in the Borough of Richmond, and one is also promised for patients from Long Island, to be erected and maintained by private subscriptions.

INVESTIGATION OF HOME CONDITIONS.

Every patient continuing under observation is visited by one of the clinic nurses, who submits a full report as to the home conditions and surroundings, on a special card (plates 14 and 15). This card when returned is attached to the original history for the information of the physician, who indicates how frequently the nurse should repeat her visits. Except in urgent cases this is not oftener than once in ten days. If visits are to be repeated, sug-

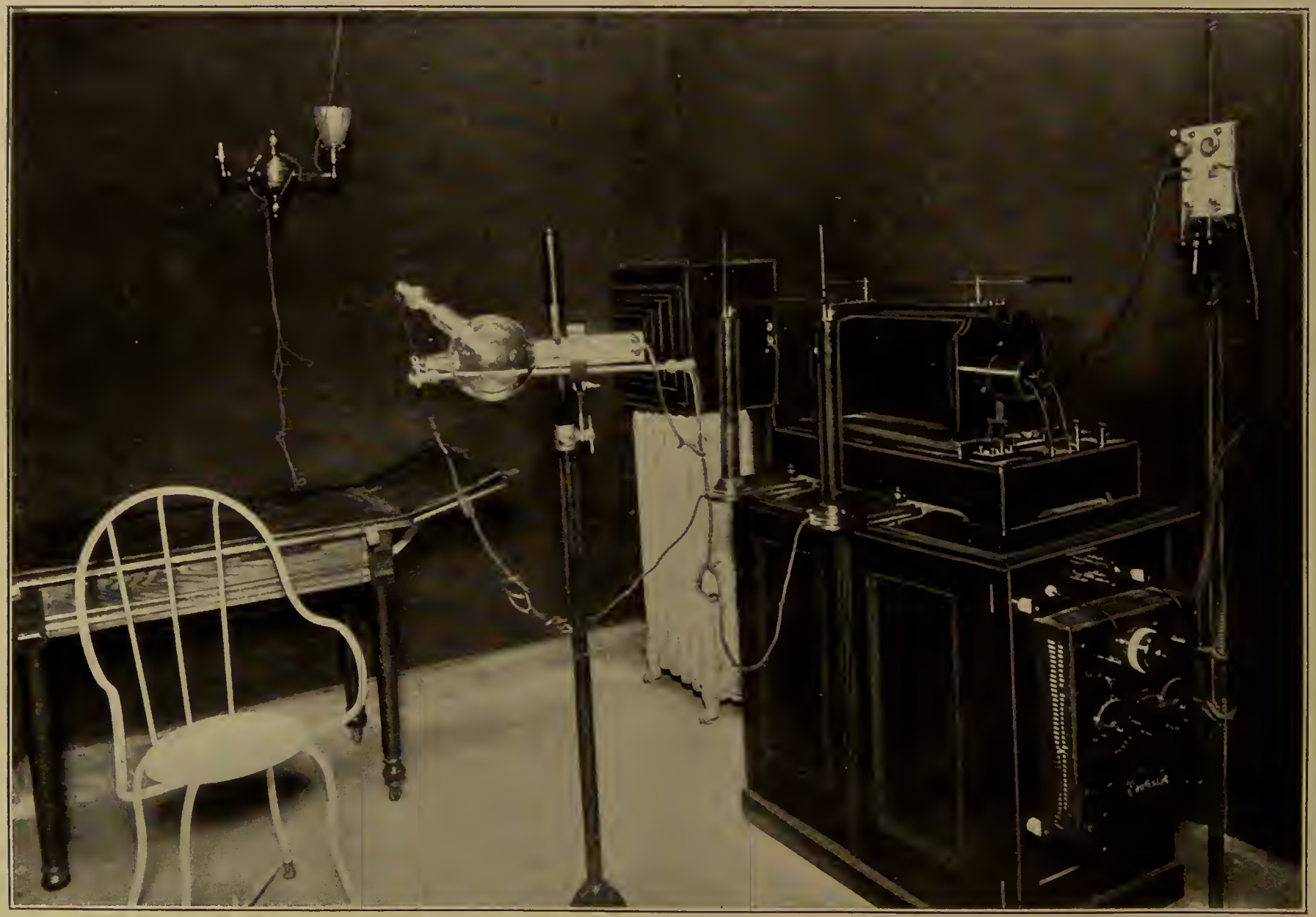


Plate 12

X-RAY CLINIC

Plate 13

DRUG ROOM

gestions as to diet and general treatment are noted by the physician for the information of the nurse. Cases not returning for treatment within two weeks, and those concerning whom notice of reference to the clinic has been received, but who have not applied for treatment, are investigated by the district nurses. A copy of the Department's circular, "Information for Consumptives and Those Living With Them" (plate 16), is left at the home of each patient.

CHARITABLE AID.

Where the patient or the family needs financial or other assistance, the case is referred to one of the various charitable organizations—the Charity Organization Society, the New York Association for Improving the Condition of the Poor, the United Hebrew Charities, or the Brooklyn Bureau of Charities. Close relations are maintained with the Charity Organization Society, the Chief of Clinic being a member of the Tuberculosis Relief Fund Committee of that Society.

MILK AND EGGS.

Arrangements have been made by which milk and eggs are issued through the New York Diet Kitchen Association to deserving and needy cases on the recommendation of the attending physicians. Such recommendations are assigned to a clinic nurse, who investigates the home and financial conditions of the patient, and leaves an order if these are found to be satisfactory. The Diet Kitchens are established at the following locations: 473 W. 41st Street, 146 E. Seventh Street, 335 E. 21st Street, 137 Centre Street and 140 E. 97th Street. The orders usually call for two quarts of milk daily for one month, and three eggs daily for two weeks; they are renewed as often as advisable, the patient being revisited at each renewal. This extra diet is furnished as a part of the treatment—e. g., only in those cases where it is called for by reason of the patient being unable to assimilate ordinary mixed diet sufficiently well to maintain nutrition. Other cases requiring extra diet are referred to one of the various charitable organizations, or removed to a hospital (q. v.).

From 700 to 1,000 quarts of milk a week are furnished to patients ill with tuberculosis.

REMOVAL TO HOSPITAL.

The admission of patients to hospitals is procured: (1) when they are not improving under dispensary treatment; (2) when it is a hardship for the family to support them; (3) when the house surroundings are unsatisfactory (over-crowding, others exposed to infection, bad sanitary condition of premises, etc.); (4) when the patient cannot or will not observe the necessary precautions regarding care of expectoration, and (5) when the disease is in the incipient stage, and susceptible to cure. (See sanatoria.)

Cases of tuberculosis are received by the following hospitals as wards of the city: Bellevue, Metropolitan, Lincoln, Seton, St. Joseph's and St. Vincent's (Borough of Richmond). All cases to be admitted to one of these hospitals are referred to the Department of Charities, the name of the hospital preferred being given. When some form of conveyance is necessary, either an ambulance is sent by the hospital in whose ambulance district the patient resides, or a coupé or ambulance is sent by the Department of Health. Other hospitals receiving cases of pulmonary tuberculosis are the House of Rest at Inwood, and the Montefiore Home and its Bedford branch.

RIVERSIDE HOSPITAL.

Since 1893 the Department of Health has maintained tuberculosis pavilions at the Riverside Hospital on North Brother Island. They were primarily established for the reception and detention of advanced cases—the "floaters," often alcoholic, who remain in a hospital only a few days until their condition has improved, when they resume their drifting from one lodging house to another, spreading infection wherever they go. But the results obtained have been so good that the wards are full winter and summer, there being always a waiting list. The capacity at present is eighty patients, but a new pavilion is being erected to accommodate 100 additional patients.

RECORDING OF CASES.

At the close of each class all histories are returned to the registration room, where all records are kept, and whence all recommen-

53 L—1906

DEPARTMENT OF HEALTH, THE CITY OF NEW YORK

CLINIC FOR THE TREATMENT OF COMMUNICABLE PULMONARY DISEASES

No..... Diagnosis.....

Name..... Address..... c/o.....

Assigned.....

To.....

Age..... Occupation..... Nationality.....

Character of House, P. H., B. H., H., L. H., A., F., T..... How long resident there.....

Previous Treatment..... Improved.....

No. of Rooms..... Light..... Condition of Rooms (Clean, Dirty).....

Floors (Clean, Dirty)..... Any work done there.....

Total Air Space..... Cu. ft. Light..... Ventilation.....

W. C. (Kind of Location)..... Plumbing.....

No. in Family..... Adults..... Children..... Boarders.....

Location Patient's Room..... Air Space, Cu. ft..... Windows Open?.....

No. Windows, Air Shaft..... Front..... Sunlight.....

Separate Room..... Separate Bed..... Bath.....

Available Fire Escape..... Nearest Park..... School No.....

Owner or Agent..... Address.....

Present Work..... Since..... Previous Work.....

Hours..... Place..... Effect.....

Other Exercise..... Effect.....

Hours in Bed..... Hours Out of Doors..... Personal Cleanliness.....

Disposal of Sputum..... Cuspidors Burnt.....

Observation of Instructions.....

Circumstances..... Income..... Change of Residence Contemplated.....

Food, Quantity..... Quality.....

Clothing (Clean, Dirty, Soiled with Sputum, Insufficient)..... Bed Clothing (Soiled with Sputum).....

Assistance Needed..... Source of Infection.....

Other Cases, Family..... House..... Friends.....

Plate 14 NURSE'S CARD

RECOMMEND :

Date	Pulse	Temp.	Resp.	Cough	Expect.	Bowels	Digest.	REMARKS NOTE.—Inquire and report as to hæmorrhages, night sweats, pain (pleuritic or otherwise), amount of exercise, amount and character of food taken, etc.

Plate 15

NURSE'S CARD
(Back)

dations, reports to physicians, etc., are sent. All history cards, with their attached later history cards, throat history cards and district nurses' reports of home conditions are filed by number, in a special envelope in which an opening has been cut through which the name and address of the patient can be read. The following system of filing is used: (1) "active" cases under observation; (2) cases in hospital; (3) cases "not found at address given"; (4) discharged non-tuberculous cases; (5) inactive tuberculous cases; (6) dead cases (obtained from daily tuberculosis death list from the Bureau of Records). All histories of the day before are reviewed the next morning by the Chief of Clinic before filing. A name index card is filed alphabetically for each case. In all cases referred to the clinic a report giving the result of the examination is mailed to the physician or institution referring the case.

All deaths from tuberculosis occurring in Manhattan and the Bronx, as reported daily from the Bureau of Records, are compared with the clinic records. The histories of such dead cases are filed separately.

Every new case of tuberculosis is reported to the Division of Communicable Diseases. A weekly report is submitted by the Chief of Clinic to the Division of Communicable Diseases, giving the number of patients seen, classified as old, new, male and female; the number of prescriptions issued, and the number referred to hospitals and charitable organizations. Quarterly, semi-annual and annual reports are also submitted.

LABORATORY EXAMINATIONS.

Sputum and urine specimens are sent to the Diagnosis Laboratory for examination at the close of each day. The results of examination are noted in a record book and on the patient's history card. In doubtful cases, where previous sputum examinations have been negative, on the request of the physician, the specimen of sputum is digested and centrifuged before examination.

DENTAL CASES.

Patients whose teeth require attention, are referred to the New York College of Dentistry.

NEGRO CLINIC.

On June 6, 1905, a special class for negroes was organized. This was held on the evenings of Tuesday, Thursday and Saturday, and was limited to negroes, there being negro physicians in attendance. It was thought that such patients would attend the clinic more readily were they treated by physicians of their own race. Conferences were held with prominent negro physicians and ministers, at which they promised to do all in their power to induce their consumptive brethren to attend the clinic. This particular clinic was not so well attended as the others; the colored patients being not only willing, but often eager to attend the mixed classes on other days and hours. It was, therefore, discontinued January 1, 1906.

RULES.

The rules of the clinic are as follows:

The attending physicians are expected to arrive punctually at 10 A. M., 2 P. M. and 8 P. M., and to enter their names and the time of their arrival and departure in the time book in the registration room. If for any reason a physician is prevented from attending his class, he should notify the clinic promptly by telephone.

No tuberculous patient may be discharged except by request, and previous to discharge, patients considered to be cured must be examined and their discharge approved by the Chief of Clinic.

Prescriptions are written in duplicate over carbon paper and show the date, patient's clinic number, and the physician's signature. Each prescription is recorded on the history card in every instance. If the physician desires that the patient should be revisited by a nurse, enter a hospital, receive charitable aid, be discharged from treatment or transferred to another class, he states this fact on the history card.

Each new patient is referred to a throat class for examination and treatment, if needed.

All patients must attend the classes to which they have been assigned on their first visit. Patients applying for emergency treatment, however, are examined and treated by the physician to whom they may be temporarily assigned. Prescriptions are supplied only

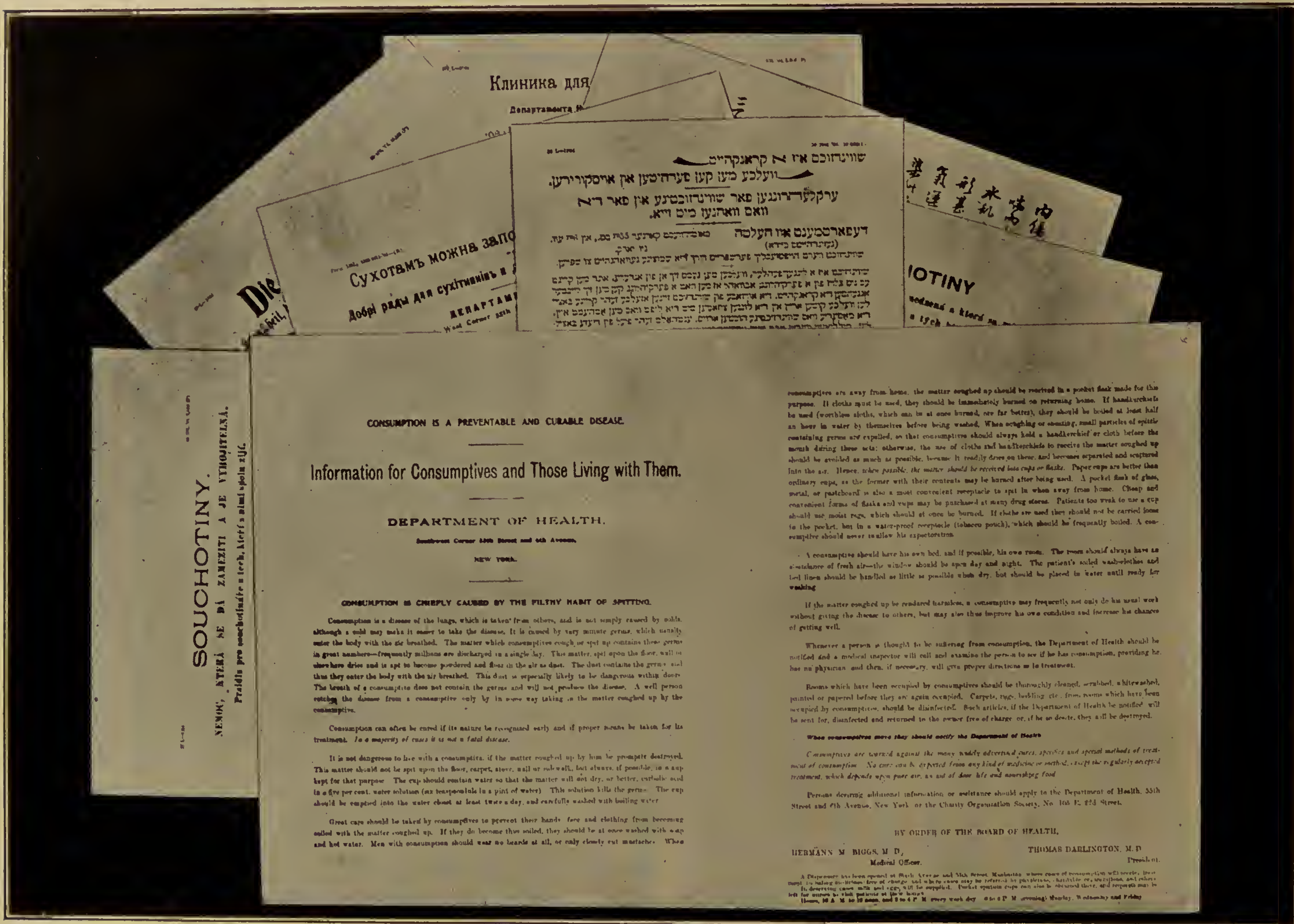


Plate 16 CIRCULAR OF INFORMATION FOR CONSUMPTIVES AND THOSE LIVING WITH THEM

to bona fide patients of the clinic and must not be renewed except for patients personally attending the clinic or on presentation of their admission card. Exceptions may be made for good reasons and at the discretion of the attending physician. When the clinic formulary is not used, both the original prescription and a copy are to be approved by the Chief of Clinic.

Nurses report promptly at 9 A. M. and remain until 4 P. M., or later, if necessary. At the night classes, nurses on duty report at 7:30 P. M. One hour is allowed for lunch, but at least one nurse is always in the clinic between 12 M. and 2 P. M. Each clinic nurse sees that the supplies and instruments of the room under her charge are kept and left in good order.

Thermometers are kept in a solution of 1 to 100 carbolic acid. All diagnostic instruments are wiped each day with a cloth wet with a solution of 1 to 100 carbolic acid.

During the noon hour all the windows and inside doors are opened for the airing and ventilation of the rooms.

At the close of each class all histories are returned to the registration room, the physician's name and the date being entered on each; sputum specimens are placed in the collection box, and the rooms left in good order.

CLINICS IN OTHER BOROUGHS.

Eventually, it is hoped to establish a tuberculosis clinic in every borough of New York City. One was to have been opened in Brooklyn May 1, 1905, but unexpected difficulties prevented. A clinic will be opened in the Borough of the Bronx early in 1906.

STATISTICS.

A statistical inquiry has been made into the cases applying for treatment during the first year with the following results:

TABLE I.

CASES OF TUBERCULOSIS.

LIVING AND DEAD.

Male	966
Female	484
Total	1,450

AGE.

1-15 years	42
15-25 "	468
25-40 "	614
40-55 "	301
55 and over	25
	1,450

Single	722
Married	653
Widowed	75
	1,450

NATIONALITY.

United States	433
Russia	383
Germany	102
Ireland	182
Austria	123
Italy	56
Misc. Europe	42
England	40
Misc. Eastern	30
France	11
Scotland	6
Orientals	6
Negro	5
Denmark	1
Greece	1
Iceland	1
China	1
Not stated	27
	1,450

FAMILY HISTORY.

Father or mother	231
Husband or wife	45
Brothers or sisters	153
Gf. or Gm.	14
Children	17
Uncle or aunt	31
History of contact with other cases	230

OCCUPATION.

Barber	3
Bartender	8
Blacksmith	1
Boilermaker	1
Bookbinder	6
Bookkeeper	4
Brushmaker	4
Cabinetmaker	5
Canvasser	7
Candymaker	6
Carpenter	10
Cigarmaker	26
Clerk	48
Coal shoveller	1
Conductor	1
Cook	16
Coppersmith	1
Designer	1
Domestic	34
Driver	24
Engineer	8
Electrician	9
Folder	1
Food dealer	7
Farmer	4
Fireman	8
Gardener	1

Housewife	236
Harnessmaker	5
Hatmaker	1
Insurance agent	3
Iron worker	17
Janitor	6
Laborer	67
Laundry	2
Leather	5
Letter carrier	1
Machinist	23
Mason	1
Mechanic	44
Mattressmaker	3
Musician	4
Office boy	1
Omnibus	1
Packer	6
Painter	19
Peddler	22
Pipemaker	1
Plumber	1
Poultry butcher	4
Porter	17
Printer	1
Reporter	2
Sailor	1
Salesman	23
Saloonkeeper	12
Seamstress	27
Shoemaker	12
Singer	3
Sheetwriter	1
Silk weaver	2
School children	30
Storekeeper	9
Stableman	8
Steamfitter	11
Stenographer	1
Street cleaner	10
Student	19
Tailor, operator, etc.	409
Teacher	10
Teamster	2
Tinsmith	3
Typewriter	1
Undertaker	1
Umbrella maker	2
Waiter	24
Wood carver	6
Not stated	85
	1,450

CHILD.

1st	288
2d	430
3d	214
4th	138
5th	118
6th	55
7th	61
8th	16
9th	10
10th	8
11th	3
12th	1
13th	1
14th	3

HISTORY PRECEDING DISEASE.

Bronchitis	3
Influenza	85
Measles	943
Miscellaneous	159
Pertussis	565
Pleurisy	302
Pneumonia	280
Rheumatism	51
Scarlet fever	1
Typhoid	50
Venereal disease	22

Chest Injury	43
Alcohol.	
Moderate	697
Heavy	56
Tobacco.	
Yes	561
Residence.	
Not a tenement	89
Duration.	
1 to 3 mos.	372
3 " 6 "	187
6 " 9 "	121
9 " 12 "	157
Over 12 "	444
(Longest from 7 to 12 years.)	
Initial Symptoms.	
Catarrh	33
Chills	2
Cold	807
Cough	443
Dysentery	3
Dyspnœa	153
Grippe	53
Hæmorrhage	3
Indigestion	51
Lead colic	1
Pain in chest	249
Pneumonia	51
Sore throat	62
Weakness	124
Visits to Clinic.	
1- 5	967
5-10	245
10-15	71
15-20	69
Over 20	38
Complaint.	
Asthma	126
Bronchitis	16
Catarrh	39
Chills	93
Cough	1,021
Emaciation	1
Fever	213
Fistula	6
Hæmorrhages	1
Hoarseness	2
Night sweats	532
Pain in chest	642
Sore throat	119
Weakness	349
Under Treatment.	
1 mo. or less	772
1 to 3 mos.	226
3 " 6 "	156
6 " 9 "	130
9 " 12 "	65
One visit only	38
Appetite.	
Bad	611
Good	106
Average Loss of Weight.	
1- 5 lbs.	132
5-10 "	242
10-15 "	127
Over 15 lbs.	393
Digestion.	
Bad	519
Cough.	
Slight	234
Moderate	307
Severe	444

EXPECTORATION.

Scanty	238
Moderate	415
Severe	456

NIGHT SWEATS	270

HAEMOPTYSIS.

Scanty	379
Severe	115

BOWELS.

Constipation	89

GAIN IN WEIGHT.

1- 5 lbs.	174
5-10 "	55
10-15 "	7
Over 15 lbs.	2

LOSS UNDER TREATMENT.

5 lbs.	19
10 "	6
15 "	4
Over 20 lbs.	209

CONDITION.

Improved	271
Not improved.	405

REFERRED TO OTHER INSTITUTIONS.

Charitable Organizations	66
Hospitals	303
Nurse	1,045
Diet Kitchen.	50

MUCOUS MEMBRANES.

Anæmic	891

Tongue coated.	856
Fever on admission	436
Fever under treatment.	117

EXPANSION OF CHEST.

1 in.	554
2 "	400
3 "	38
4 "	4
5 "	2

SHAPE OF THORAX.

Flat	474
Round	67
Shallow	28
Large	9
Small	38
Long	16
Narrow	20
Deep	2
Rachitic	69

INVOLVEMENT.

Left apex.	149
Right "	420
Both apices.	416
Left lung.	53
Right lung.	72
Both lungs (50 out of 327 cases).	
1 Lung and 1 apex.	163
Pleurisy, Right	54
Pleurisy, Left	29

CAVITY.

Present	116

HEART.

Endocarditis	8
Systolic murmur.	70
Mitral stenosis.	23

GLANDS.	
Enlarged	215
SKIN CYANOTIC	126
FINGERS CLUBBED	211
SPUTUM.	
Few tubercle bacilli	226
Moderate number	214
Numerous	212
Negative	231
No sputum	567
MEDICATION.	
Cough mixtures	784
Digestion mixtures	195
Tonic mixtures	510

TABLE I.

REMARKS ON TABLE I.

Two-thirds of the patients seen were of the male sex and the majority of them between the ages of 25 and 40; one-half were unmarried. Less than one-third of the patients were born in the United States, 25% of the patients being Russian Jews. At first sight this is remarkable considering the relative insusceptibility of this race to pulmonary tuberculosis; it is probably to be explained by the fact that most of these patients were tailors and garment-makers, the tuberculosis propaganda having been very thoroughly disseminated among this class of people; 12% of the patients were Irish, a rather low proportion considering the susceptibility of this race to the disease. A large number of cases (8%) occurred in natives of Austria; the reason for this is not clear, as their social status is relatively good. In 16% of the cases there was a direct family history of pulmonary tuberculosis; in 13% an indirect history, and in 15% a history of contact with other cases. The occupation most frequently followed was that of tailor or garment-maker (27%); 16% of the patients were married women giving their occupation as housewives. During the winter of 1904-5 much was said regarding the susceptibility of street-cleaners to tuberculosis. As a result several hundred of these men were examined at the clinic, the result being that only 10 (about 2%) proved to be victims of the disease. Among the dangerous occupations noted were: Barber, 3; candy-maker, 6; cigarmaker, 26; cook, 16; food-dealer, 7; laundry, 2; storekeeper, 9; waiter, 24. The

figures do not bear out Brehmer's theory that the later children in the family are more likely than the first born to become tuberculous; 62% of the patients were either the first, second or third child born. The commonest preceding disease was, of course, measles—the history of which was obtained in 65% of the cases. Whooping cough follows next with 38%, and then pneumonia with 19%. In 20% of the cases pleurisy preceded the pulmonary involvement. In only 43 cases was there a history of chest injury, and in none of these could any association between the injury of the chest and the pulmonary disease be clearly made out. While 52% of the patients used alcohol, only 4% were heavy drinkers; 39% of the cases used tobacco. All but 6% of the cases were dwellers in tenement houses. In 25% of the cases the disease had lasted less than three months, and in 30% over one year. The commonest initial symptoms were those of a "cold." The disease began with a cough alone in 39%, with shortness of breath in 10%, and with pain in the chest in 17%. Over 97% of the patients visited the clinic more than once, the majority averaging about five visits. About 7% paid over 15 visits to the clinic. The usual complaint was a cough, this being made in 70% of the cases; next came pain in 44%, night sweats in 36%, and fever in 14%. Only about half the patients continued under treatment longer than a month; this may be accounted for by the fact that hospital treatment is secured for all severe advanced cases, and sanatorium treatment for the incipient cases; 60% of the cases gave a history of loss of weight—usually from five to ten pounds. Appetite and digestion were bad in about two-thirds of the cases. Cough was present in 60%, with expectoration in 76%. Night sweats were noted in 18%, severe hæmoptysis in only 7%; 16% of the patients gained weight while under treatment, the same proportion lost in weight, while in 68% the weight remained stationary. In 271 instances the definite statement that the patient had improved was made by the attending physician. Anæmia was present in 60% of the cases, and fever in 30%, persisting in 8%; 60% of the patients showed diminished expansion of the chest, while in 50% some form of thoracic malformation was present. The apex of the right lung was the site most frequently affected

(28%), the left apex being involved in only 10% of the cases. Both apices were involved in 28%, and both lungs in 14%. Cavity was present in only 8%. Some glandular enlargement was present in 14%. Tubercle bacilli were present in the sputum of 46% of the cases, and absent in 39%, while in 15% there was no expectoration. Of the medicines ordered 50% were cough medicines and 30% tonics.

FATAL CASES.

A special tabulation of 98 fatal cases was also made, classified according to patients being married, single or widowed. Nothing of special note was brought out. The proportion of married cases was somewhat higher than in the general table—that of males to females about the same. A family history of tuberculosis was obtained in 12% of the cases; 50% of the cases were users of alcohol, two-thirds of whom were married. The duration of the disease was twice as long among the married as among the single; 90% of these patients were in very poor circumstances. There was a history of hemorrhage in one-third of the cases. The pulse rate of these patients usually averaged over 120 at the time of their visit to the clinic.

PATIENTS NOT FOUND AT ADDRESS GIVEN.

A special tabulation was made of the patients giving false addresses. These patients are the most dangerous class of consumptives. They usually live in lodging houses, and wander around from one to another, sitting in the crowded waiting rooms and expectorating freely on the sawdust covered floors. The following figures show that such patients are usually far advanced in the disease, and liable to transmit the disease to others: Total "not found" cases, 275; of these, 156 were men and 119 women; 110 were between the ages of 25 and 40, showing that these "floating" cases were not usually advanced in years; 80% were single. The prevailing nationalities were American, Irish and German. Each patient, of course, paid only one visit to the clinic. In 109 cases the amount of expectoration was moderate; in 76 profuse—a very high proportion. Tu-

bercle bacilli were present in 129 (47%); 94 had fever. Complications and sequelæ were also much more prevalent among these cases.

TABLE II.

NON-TUBERCULOUS CASES.

ACTIVE, INACTIVE AND DISCHARGED.

Male	1,224
Female	771
Total	1,995
Total diagnoses	1,689
No diagnosis made	306
Total cases	1,995

DIAGNOSIS.

Negative	124
Adenitis, axillary	2
Alcoholism—acute	7
Anæmia	41
Anorexia	2
Asthma	55
Bronchitis—acute	261
Bronchitis—chronic	476
Catarrh	1
Chorea	2
Constipation	30
Debility—general	2
Dementia	1
Diabetes	2
Diphtheria	1
Emphysema	53
Endocarditis	96
Enteritis—chron. gastro	2
Gall stones	2
Gastritis	50
Goitre, exophthalmic	9
Hæmorrhoids	2
Heart—congenital	2
Heart—tobacco	1
Hepatitis	2
Hernia	2
Hysteria	2
Incontinence	2
Indigestion	100
Influenza	3
Malaria	2
Malnutrition	13
Marasmus	2
Mitral regurgitation	10
Mitral stenosis	12
Myalgia	21
Nephritis—chronic	8
Neuralgia	2
Neurasthenia	15
Pharyngitis	44
Pleurisy	25
Pleurodynia	10
Pregnancy	4
Rheumatism	17
Sciatica	1
Senility	1
Syphilis	10
	1,532

NOSE.	
Adenoids	21
Catarrh	18
Rhinitis, hypertrophic	29
Rhinitis, fetid	6
Septum—deflected	2
	76
THROAT.	
Globus hystericus	2
Laryngitis—chronic	25
Pharyngitis—chronic	30
Syphilis	1
Tonsillitis	3
Tonsils—enlarged	2
Tracheitis	8
	81
Diagnosis made	1,532
Nose	76
Throat	81
No diagnosis made	306
	1,995
COMPLAINT.	
None	191
Adenitis	2
Aphonia	2
Asthma	15
Catarrh	27
Chills	3
Cold	12
Cough	863
Cramps	4
Dyspnœa	52
Emaciation	14
Epistaxis	7
Expectoration	22
Gastritis	18
Hæmorrhage	18
Hoarseness	23
Migraine	7
Nausea	9
Nervousness	4
Nightmare	1
Night sweats	2
Pains in back	33
Pains in chest	347
Pains in heart	25
Pains in throat	24
Skin eruption	2
Sleeplessness	3
Sore throat	30
Weakness	74
FAMILY HISTORY.	
Direct	221
Indirect	317
NUMBER OF VISITS TO CLINIC.	
2	276
3	222
4	180
5 and over	196
NUMBER OF VISITS TO HOME.	215
RESIDENCE OF PATIENT.	
Manhattan	1,813
Brooklyn	109
Bronx	51
Queens	10
Richmond	4
New York State	2
Elsewhere	6
X-RAY EXAMINATION	18
SPUTUM EXAMINATION.	
None	392
2	182
3	213
4	59

Referred to Other Institutions.	
Dispensary	193
Hospital	40
Charity Organization Society	19

Medicines.	
Cough	241
Digestion	173
Tonic	142
Miscellaneous	16
None	81

TABLE II.

REMARKS ON NON-TUBERCULOUS CASES.

The percentage of males and females was about the same as in the tuberculous cases. A diagnosis was made in 80% of the cases. In 36% the diagnosis was some form of bronchitis, acute or chronic, in 5% indigestion, and in 6% the patients were found to have nothing the matter with them. In 15% no diagnosis was made; 3% of the patients suffered from some form of nasal affection—adenoids, rhinitis, etc. In 4% of the cases there was some morbid condition of the throat, usually either chronic pharyngitis or laryngitis. The usual complaint was of a cough (43%), next coming pain in 17%. In 9% the patient stated that there was nothing the matter with them, but that they had simply called for examination. In 12% there was a direct family history of tuberculosis—only 4% less than among the tuberculous cases; in 15% there was an indirect history of tuberculosis; 50% of the patients visited the clinic more than once, and 30% paid three or more visits; 90% of the cases were residents of Manhattan. Sputum examinations were made in 42%; 193 of these patients were referred to other general dispensaries, and 40 were admitted to some general hospital. Fewer cough medicines were given than to the tuberculous cases, and 81% of the patients received no medication whatsoever.

TABLE III.

AT HOME CONDITIONS TABULATED FROM NURSES' CARDS 1904 AND 1905.

1,387 cards tabulated (1904 cards lack many important details). The use of the new history cards began December, 1904.

Character of House.	
Private house	33
Boarding house	30
Hotel	12
Lodging house	75
Tenement	1,094
Number of Rooms.	
1	32
2	193
3	383
4 or more	541
Clean	819
Work done in rooms	87
Total Air Space.	
1,000 cubic feet	32
2,000 cubic feet	272
3,000 cubic feet	267
4,000 cubic feet	215
5,000 or more cubic feet	317
Number in Family.	
2	147
3	227
4	223
5	143
6	170
7	112
8	54
9	15
10	22
11	11
12	21
Separate room	554
" bed	716
Hours in Bed.	
6	440
12	540
Over 12	93
Hours Out of Doors.	
2 or less	479
4	526
Over 6	227
Sputum Disposal.	
Cuspidor	693
Sanitary cups	118
Food unsatisfactory	632
Clothing insufficient	399
Other Living Cases in Family.	
1	51
2	11
3	1
More than 6 persons living in 3 rooms or less	33
History cards of "not found" cases	684

TABLE III.

REMARKS ON HOME SURROUNDINGS OF PATIENTS.

Among the facts brought out in the above summary of the more important conditions found at the homes of the patients, may be mentioned the following: 78% lived in tenement houses, but in 60% of these the family occupied three or more rooms, which rooms, in over half the cases, were found to be clean and neat. Also in over 50% of the cases the rooms contained more than 3,000 cubic feet of air space. In 26% of the cases the family numbered less than three individuals, while in less than 10% were there more than seven individuals in the family. Over 50% of the patients had a separate bed and 39% a separate room. The above facts show that the home surroundings of these patients are not so deplorable as they are sometimes made out to be; 40% of the patients were able to obtain twelve or more hours in bed out of each twenty-four hours. Over 50% of the patients used some form of cuspidor or sanitary cup for disposal of the sputum. In 40% of the cases the food was unsatisfactory, and in 25% the clothing was insufficient. In only 4% of the cases were there other cases of tuberculosis living in the same family.

TABLE IV.

THROAT CLINIC.

Total number of cases.....521

QUALITY OF VOICE.		Nasal obstruction, etc...	63
Clear	312	No symptoms.....	211
Harsh	55		
Hoarse	129	COUGH.	
Aphonic	25	Yes	281
SUBJECTIVE SYMPTOMS.		NOSE LESIONS.	
Hoarseness	155	Deviation of septum....	113
Pain	114	Hypertrophic rhinitis....	167
Tickling, dryness, cough.	107	Spur on septum.....	20
Excessive expectoration of mucus.....	9	Sinusitis	6
		Rhinitis atrophica.....	11

OTHER DISEASES.	
Acute rhinitis	1
Eczema nasi	1
Perforation of septum	1
Epistaxis	8
MOUTH AND PHARYNX.	
Chronic granular or follicular pharyngitis	224
Pharyngitis sicca	25
Hypertrophic tonsillitis	25
Adenoids	12
Elongated uvula	5
Tubercular pharyngitis	9
OTHER DISEASES.	
Quinsy	1
Chancre of tongue	1
Mucous patches on pharynx	2
Atrophic pharyngitis	1
Mycosis	1
Submaxillary adenitis	1
Lingual tonsillitis	3
LARYNX—LESIONS.	
Chronic catarrhal laryngitis	80
Acute laryngitis	7
Functional Aphonia	5
Vocal Paresis	6
TUBERCULAR LARYNGITIS.	
Extensive	38
Moderate	39
Slight	41
Tubercular laryngitis in pulmonary cases	113
No laryngitis (although suspected) in pulmonary cases	174
Tubercular laryngitis with no pulmonary lesion	5
No laryngitis, no pulmonary lesion	263
OTHER DISEASES.	
Papilloma of the cord	1
Singer's nodule	1
Syphilitic laryngitis	5
NUMBER OF VISITS	1,644
METHOD OF TREATMENT.	
Intralaryngeal injection of menthol, 5%; menthol, 15%; lactic acid, 20-50%; silver nitrate, 1%; trichloracetic acid cauterization, zinc chloride, orthoform, etc., tonsillotomy, adenectomy.	
COURSE OF DISEASE.	
Improved	17
Stationary	30
Not improved	20

TABLE IV.

REMARKS ON LARYNGEAL CASES.

Tubercular laryngitis was found in 118 cases (8%); tubercular pharyngitis in 9 (2%). In 39% of the cases of pulmonary tuberculosis with hoarseness or other symptoms pointing to laryngeal

involvement, tubercular laryngitis was present. Of 268 patients with or without laryngeal symptoms, but with no pulmonary involvement, tubercular laryngitis was present in 5, or 1%. These patients represent those examined since it became a routine practice to make a throat examination of every applicant for treatment, whether examination showed pulmonary tuberculosis to be present or not. In 2 of the 5 cases of tubercular laryngitis above mentioned there were absolutely no symptoms to direct attention to the larynx, yet the tubercular lesion was well marked. In both these cases recovery should follow, the disease being recognized at such an early period.

GENERAL CONCLUSIONS.

In conclusion, therefore, it may be said that the results attained during the first two years' work of the Clinic for the Treatment of Communicable Pulmonary Diseases have been most satisfactory. Many new cases of tuberculosis have been brought to the knowledge of the Department of Health; many cases have been sent to hospitals, benefiting both the patients and their families; sanatorium treatment has been made available for a large number of incipient cases, which have thus been put on the road to recovery; and many cases have been assisted directly by the furnishing of extra diet, and indirectly by reference to charitable organizations, so that the clinic has rendered the Department of Health great assistance in the fight against tuberculosis. In order to bring tuberculosis thoroughly under control, three things are essential: First and foremost, the education of the people as to the nature of the disease, and the procedures to be adopted to avoid its contraction; secondly, the early recognition and removal of all cases to favorable conditions and surroundings; and, lastly, the location and disinfection of all infected houses and premises. As yet it is impossible to exactly estimate the amount of good done by the establishment of such a clinic as the one here described, or indeed of any particular measure adopted against the disease. The campaign is only fairly started; time enough to devise exact means of determining results, when such results begin to be attained. Our duty at

present is simply to continue the good fight; and certainly the establishment wherever needed of tuberculosis clinics, such as here described, will probably be one of our most potent weapons.

639, '06, 2,000 (P)